•	warded federal aid based on the combined enrollment at two schools.	
Complete the following with you which you are seeking the Conso	r name, social security number, host institution, and semester for ortium Agreement.	
Student's Name:	Social Security #:	
The student listed above is attending	ng Crowder College (home institution) and simultaneously	
attending	(host institution) for the	
semester.	Financial Aid regulations provide for a consortium agreement between	
wo schools to insure fair and equita	able treatment in these situations.	
Please read the following inform	ation, sign and date. Submit to the host institution's Financial Aid	
Office.		
I have re	ead and understand the following:	
	sonally responsible for paying tuition and fees at the Host institution. aid by their deadline will result in cancellation of classes.	
	tory academic progress will be evaluated by Crowder College in and will include evaluation of performance in the courses taken at the	
	ation to release enrollment verification, grade reports, or any other ary by Crowder College to monitor my academic progress.	
This consortium agreement of	does not apply to any institutional scholarships or awards.	
• In order to apply for an in-school deferment, I must be attending one institution at least half-time armust apply for deferment at that institution.		
• In order to receive a student loan, I must be enrolled in at least 6 credit hours at Crowder College.		
•	prolled in at the Host institution, which will transfer to the degree dy at my Home institution, are permitted.	
 I will request a copy of my courses. 	I will request a copy of my transcript to be sent to my Home institution upon completion of courses.	
Student Signature		

(continued)

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Student's Name:	Social Security #	Page 2
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Host Institution Certification

Course Title & Number	Credit Hours	Tuition & Fees
Crowder College will include the	above hours and cost in our calcu	ulation of eligibility for Title IV financial
aid.		
This is to certify that	(host institution	on) will not provide financial assistance
to this student during the	semes	ster. This also certifies that we are not
the degree-granting institution and	d we will inform Crowder College it	f any of the above information changes
prior to the end of the semester.		
Cabaal Official		
School Official	Title	

Please return to:

Date

Crowder College Financial Aid Office 601 Laclede Neosho, MO 64850 (417) 455-5678 or (417) 455-5419 Fax (417)455-5731

School